

Myocardial infarction in young men

Study of risk factors in nine countries

Sir:

We read with interest the prospective multi-centre study of risk factors in coronary artery disease from 9 countries (Dolder and Oliver, 1975, *British Heart Journal*, **37**, 493). In Poona (India), which is only 100 miles from Bombay, we carried out a similar prospective study of the risk factors in precocious coronary artery disease (Wadia *et al.*, 1973). We had 90 patients with coronary heart disease below 40 years of age, comprising 40 with infarction and 50 without infarction. The risk factors were similar in the 2 groups and so we analysed the 90 patients together.

The commonest factor was smoking. Of the 76 per cent who were smokers 65 per cent had smoked more than 10 cigarettes a day for 15 years or more; 5 per cent chewed tobacco excessively without any smoking. A serum cholesterol value above 7.12 mmol/l (275 mg/100 ml) was found in 27 per cent of the group. The difference may be partially explained by the fact that we took our samples between 1 and 3 weeks after admission to hospital. But it may also be because our cases were from a private paying clinic and, therefore, represented a higher socioeconomic group than those from the municipal free hospital in Bombay, from where the other series was presumably drawn.

The glucose tolerance test in the third week was abnormal in 15 cases: 1 h > 6.7 mmol/l; 2 h > 8.9 mmol/l (1 h > 120 mg/100 ml; 2 h > 160 mg/100 ml). Hypertension (diastolic over 95 mmHg (12.6 kPa) was noted in 23 per cent and a family history of coronary artery disease was found in 26 per cent of our cases. We found none of the following 6 risk factors in 17 of our 90 patients: smoking, hypercholesterolaemia, a diabetic glucose tolerance test, hypertension, family history, or high uric acid. Only 1 risk factor was present in 30 (in 20 smoking was the only risk factor), 2 risk factors were present in 17, 3 risk factors in 10, and more than 3 risk factors in 16 cases. None of our patients had a blood uric acid level above 0.5 mmol/l (8.5 mg/100 ml).

R. S. Wadia, R. B. Gulati, P. M. Soares, and K. B. Grant,
Ruby Hall Clinic,
Poona Medical Foundation,
Poona, India.

Reference

- Wadia, R. S., Nisal, J. S., Soares, P., Gulati, R. B., and Grant, K. B. (1973). Precocious coronary artery disease. *Journal of the Association of Physicians of India*, **21**, 498.